AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [X] CLEC [X] ILEC [X] Wireless

| | CERTIFICATED COMPANY INFORMATION |
|----------------|--|
| Entele | gent Solutions Inc. |
| Company Na | FEIN/SSN |
| 11- | 704-323-7488 |
| Dba/fka | Telephone # |
| 3800 | Arco Corporate Dr. Ste. 310 |
| Mailing Addr | |
| <u>Charl</u> | otte NC 28273 |
| City, State, Z | |
| Design I | Same |
| Business Lo | ation |
| City Chata 7 | same Mecklenburg |
| City, State, Z | ip Code County |
| | |
| | REGISTERED AGENT INFORMATION |
| | |
| Registered A | gent: Corporation Service Company |
| Mailing Addre | 988: 17103 Laurel St |
| | Columbia SC 29201 |
| City, State, Z | |
| rsuant to the | Commission's rules and regulations, print or type company contact for the following are |
| | |
| <u> 130</u> | wheeler |
| A. Gene | eral Manager (Include Address if different than above) |
| 704 | -323-7463 / 704.504.5868 / bo. wheeler @ entelegent. com |
| Telep | hone Number / Facsimile Number / E-mail Address |
| | V substance of general actions. |
| _Da | Le Gribson |
| B. Cust | omer Relations/Complaints Representative (Include Address if different than above) |
| 704 | 323 7464 1704-504-5868 / dave gibson@entelegent.com |
| Telep | hone Number / Facsimile Number / E-mail Address |
| 50 SQL*15000 • | · |
| Do | we Gibson |
| | omer Relations/Complaints Representative for Escalated Complaints (Include Address if |
| | ent than above) |
| | |
| | 1323 7464 / 704 504 5868 / dave.grbson@ontelegent.com hone Number / Facsimile Number / E-mail Address |
| reiep | none Number / Facsimile Number / E-mail Address |
| C2 | 0 - 4 - 1/T F - N - 1 - N - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| C2. Custo | omer Contact (Toll Free Number) 800-975-7192 |
| Γ | |
| | we Gibson |
| D. Engir | neering Operations (Include Address if different than above) |
| 704 | 323 7464 1704 504 5868 1 dave gibson@entelegent.com |
| Telep | hone Number / Facsimile Number / E-mail Address |

| | Dave Gibson |
|------------|---|
| E. | Test and Repair (Include Address if different than above) |
| | 70432374641 704-504-5868 dave gibson@ entelegent.com |
| | Telephone Number / Facsimile Number / E-mail Address |
| | Dave Gipson |
| F. | Emergencies (During Non-Office Hours) |
| 1. | TALL 202 FULL L. TALL CALL SOCIAL LAND CO. L. C. |
| | 704 323 7464 / 704504 5868 / dave. gibson @ untelegent.cum Telephone Number / Facsimile Number / E-mail Address |
| | relephone Number / Facsimile Number / E-mail Address |
| ln add | ition places provide the following company contact information to explicit in account of |
| COTTOS | ition, please provide the following company contact information to assist in proper routing of pondence and invoices: |
| COLLEG | pondence and invoices. |
| | Dave Gibson |
| G. | Regulatory Officer (Include Address if different than above) |
| O . | |
| | 704 323 7464 1704 504 5868 1 daw. 915son@entelogent.com Telephone Number / Facsimile Number / E-mail Address |
| | Dave Subson |
| 11 | |
| H. | Dual Party Mailings (Name) |
| | (Mailing Addraga) |
| | (Mailing Address) |
| | 704 323 7464 1 704 504 5868 1 dave gibson @ Entelegent com |
| | Telephone Number / Facsimile Number / E-mail Address |
| | Dave Gibson |
| l. | Interim LEC Fund Mailings (Name) |
| | /AA=12 A.I.I. |
| | (Mailing Address) |
| | 704 323 74(A) /704 504 5868 / dave gibson@ ontelegent com |
| | Telephone Number / Facsimile Number / E-mail Address |
| | Dave Gibson |
| J. | Universal Service Fund Mailings (Name) |
| | AL W. ALL. |
| | (Mailing Address) |
| | 704 323 7464 / 704-504-5868 / Olave. Gibson @ entelegent. com |
| | Telephone Number / Facsimile Number / E-mail Address |
| | Gary Branie |
| <. | Gross Receipts Mailings (Name) |
| | |
| | (Mailing Address) |
| | Toy-323-7482 / 704 504 5868 / gary brame@entelegent.com Telephone Number / Facsimile Number / E-mail Address |
| | Telephone Number / Facsimile Number / E-mail Address |
| -1-1-1-1 | DAVE 60011 |
| | MANE GIBSON I CANTILLAR |
| | This form was completed by Signature |
| | UP OPERATIONS 1 7/21/199 |
| סכדווסא | Title Date |
| KETUKI | N COMPLETED FORM TO: Public Service Commission of SC |
| | Docketing Department Post Office Drawer 11649 |
| | Columbia, South Carolina 29211 |
| | And |
| | Office of Regulatory Staff |
| | Attn: Jeanne Gordon |
| | 1401 Main Street, Suite 900 Columbia, South Carolina 29201 |
| | Odumbia, Odum Oarolina 2320 i |